

Please type a plus sign (+) inside this box

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.: CM01560L	First Inventor: Kim, Gene	U.S. PTO 19210 10/712173 111303
		Title: ENERGETIC BEAM MARKABLE SHEET	Express Mail Label No.: EL 962737563 US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231		
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 21] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]</p> <p>5. Oath or Declaration [Total Pages 4]</p> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>6. <input checked="" type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p> <p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) of Prior Appl. No. _____</p> <p>Prior Appl. information: Examiner: _____ Group/Art Unit: _____</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other: _____</p>		

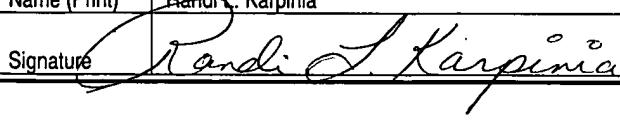
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Name				
Address				
City	State	Zip Code		
Country	U.S.A.	Telephone	(954) 723-6449	Fax (954) 723-5599
Name	Randi L. Karpinia		Registration Number (Attorney/Agent)	46,148
SIGNATURE	<i>Randi L. Karpinia</i>		Date	11/13/03

FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision</small>		Complete if Known	
		Application No.	
		Filing Date	
		First Named Inventor	Kim, Gene
		Examiner Name	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$ 1294.00)	Attorney Docket No.	CM01560L

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 50-2117 Deposit Account Name Motorola, Inc.		3. 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*Reduced by Basic Filing Fee Pd

SUBTOTAL (3) \$ 40

SUBMITTED BY		Complete (if applicable)	
Name (Print)	Randi L. Karpinia	Registration No. (Attorney/Agent)	46,148
Signature		Telephone:	(954) 723-6449
Date	11/13/03		